Please complete the second page of this document and return it to our office via one of the following three ways:

- Fax the form to (844) 273-1255
- Mail the form to 300 N. Main Street, Monroe, NC 28112
- Email a scanned copy of the form to RepDanBishop@mail.house.gov

OFFICE OF CONGRESSMAN DAN BISHOP (NC-09) PRIVACY ACT AUTHORIZATION FORM

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to the Office of Congressman Dan Bishop (NC-09).

The **Taxpayer Advocate Service** is authorized to furnish the Office of Congressman Dan Bishop (NC-09) with copies of any documents or verbally discuss, using any means (including personal voice mail to which no one has access) any matters relative to my inquiry. I am aware that the Privacy Act of 1974 and IRC 6103 prohibit the release of information without my written authorization. I understand this form does not constitute a Power of Attorney.

(PLEASE PRINT)			
Mr./Ms./Mrs.	FIRST NAME	MIDDLE NAME	LAST NAME
HOME ADDRESS			
CITY		STATE	ZIP CODE
Telephone: Cell		Home	
Work		Fax	
EMAIL ADDRESS			
SOCIAL SECURITY N	NUMBER		
TAX YEARS		TAX FORMS	
		egarding this case? Yes / No	o (circle)
If the inquiry relates	to a <u>Business</u> , please _l	provide the following inform	nation:
COMPANY NAME_			
		ER	
Please state the type of assist separate sheet.)	ance you are requesting and	attach copies of any relevant docume	ents. (If you need more space, please attach a
Taxpayer Signature (Si	ign in Ink)		Today's Date

Congressional office use only: I give permission for the Case Advocates to contact the constituent directly regarding this inquiry. Initial ____